Name in Full: Margaret Ann Alvey

3.15.02

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death 190 4: Month: April; Day: 2

Age: Years: 80; Months: 2; Days: 2

Sex: Female

Color or Race: White

Birthplace: St Mary's Co.

Married, Single or Widowed: single

Occupation: Not employed

Name of Wife or Husband: "

Father's Neme: Joshua Alvey

Father's Birthplace: St. Marys Co

Mother's Maiden Name: Miss Ford

Mother's Birthplace: " "

Name of person giving In formetion: Mary M Farrall

How related to deceased: Sister in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: one week

Immediete: Pneumonia

How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Benge Simmons

Address: Chestertown Md

Accident or Sulcide? No

LIBRARY BUREAU A88518

Name in Full: Annie E. Bateman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent Co

Date of death: 1904; Month: April; Day: 16th; Years: Age 61; Months; Days

Sex: Female; Color or Race: Colored; Birthplace

Occupation; Where Residing if not at place of death

Married, Single or Widowed: don't know; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information: Emma Bateman; How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism; How long

Immediate: Rheumatism; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J E Ferguson md

Address: Chestertown Kent Co

Accident or Suicide? no

PHYSICIAN OR CORONER

LIBRARY BUREAU A68816

Name in Full: Junior Black

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Sandy Bottom	County	Kent
Date of death	1904 Month: Apr. Day: 28	Age Years: —	Months: 10 Days: —
Sex	Female	Color or Race	African
Birthplace	Md.		
Occupation		Where Residing if not at place of death	Home
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Levi N. Black	Father's Birthplace	Kent Co Md
Mother's Maiden Name	Eleanor Thomas	Mother's Birthplace	" " "
Name of person giving Information	Levi N Black	How related to deceased	Farther

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Marasmus	How long	10 mo.
Immediate	Asthenia	How long	10 mo.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank W Smith
		Address	Fowlis Kent Co Md
Accident or Suicide?			

LIBRARY BUREAU A88516

Name in Full: Charles Henry Brookens

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rock Hall — County: Kent Co

Date of death 1904: Month: April — Day: 17

Age: Years: 66 — Months: — — Days: —

Sex: male — Color or Race: Colored — Birthplace: Kent Co

Married, Single, ~~Widowed~~: Widower — Occupation: Farmer

Name of Wife or ~~Husband~~: Julia Ann Scott

Father's Name: Henry Brookens — Father's Birthplace: Kent Co

Mother's Maiden Name: Betsey Berryman — Mother's Birthplace:

Name of person giving information: Henry Wesley — How related to deceased: Son in law.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: 3 hours

Immediate: Exhaustion — How long: one hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W O Selby M.D.

Address: Rock Hall Md Co

Accident or Suicide?

LIBRARY BUREAU ARBELA

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Reba Brown

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Chestertown — County: Kent

Date of death 1904 — Month: Apr. — Day: 6th — Age: Years 11 — Months 4 — Days —

Sex: female — Color or Race: Colored — Birthplace: Chestertown

Occupation: Chied — Where Residing if not at place of death: Chestertown

Married, Single or Widowed: Singer — Name of Wife or Husband: —

Father's Name: George Brown — Father's Birthplace: Chestertown

Mother's Maiden Name: Kitty Brown — Mother's Birthplace: Chestertown

Name of person giving In formation: Kitty Brown — How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Most likely pneumonia — How long: About 3 weeks

Immediate: They say dropsy - likely from Cardiac Complication — How long: Don't know

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Bunge Simmons

Address: Chestertown

Remarks: - I did not see this child & only prescribed once on statements of mother.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Sarah Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond — County: Kent

Date of death: Month: 1904 Apr — Day: 17 — Age: Years: — Months: 9 — Days: 2

Sex: Female — Color or Race: Blk — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Joseph Brown — Father's Birthplace: Md

Mother's Maiden Name: Sarah Brooms — Mother's Birthplace: Md

Name of person giving Information: " " — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Meningitis — How long: 3 months.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm. S. Maxwell.

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A08516

Name in Full: Annie E. Burriss

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Kennedyville (County) Kent

Date of death 1904 — Month: Apr — Day: 2 — Age: Years 64 — Months — — Days —

Sex: female — Color or Race: White — Birthplace: Del.

Married, Single or Widowed: married — Occupation: Housewife

Name of ~~Wife~~ or Husband: Smith H Burriss

Father's Name: Elias Lofland — Father's Birthplace: —

Mother's Maiden Name: Mary Collison — Mother's Birthplace: —

Name of person giving information: Mrs Sylvester — How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Apoplexy — How long: two hours

Immediate: Paralysis of Heart — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. I. Barwick

Address: Kennedyville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Kennedyville

Name in Full: Annie Butler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Galena / Branch; County: Kent

Date of death: 1904; Month: Sept.; Day: 3; Age: Years: 1; Months: 7; Days:

Sex: Female; Color or Race: Black; Birthplace: Kennedyville Md

Occupation: —; Where Residing if not at place of death: Galena / Branch

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Louis Butler; Father's Birthplace: Md

Mother's Maiden Name: Mary Hackett; Mother's Birthplace: Md

Name of person giving information: Louis Butler; How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nasal Catarrh; How long: 5 months

Immediate: Capillary Bronchitis; How long: one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E S Bannick

Address: Kennedyville Md

Accident or Suicide? —

LIBRARY BUREAU A66616

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Miss Carrie Dadds

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)		County: Kent	
Date of death 1904	Month: April	Day: 27	Age: Years 56. Months / Days
Sex: Female	Color or Race: White	Birthplace: Kent Co Md.	
Occupation: Home Work.		Where Residing if not at place of death: Chestertown Md	
Married, Single or Widowed: Grass Widow	Name of Wife or Husband: Robt H Dadds		
Father's Name: William Low		Father's Birthplace: Kent Kent	
Mother's Maiden Name		Mother's Birthplace: Kent Kent	
Name of person giving Information: Wm H Dadds.		How related to deceased: Son	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis		How long: 5 hours
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician: C. W. Whaland M.D.	
	Address: Chestertown Md	
Accident or Suicide?		

LIBRARY BUREAU A85516

Name in Full: Lydia A Dwyer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Woston — County: Kent

Date of death 1904 — Month: April — Day: 11th — Age: Years 81, Months 6, Days

Sex: Female — Color or Race: White — Birthplace: Cecil Co Md

Married, Single or Widowed: Widowed — Occupation: None

Name of Wife or Husband: John Dwyer

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: ~~Don't Know~~ Cord Holden — Father's Birthplace: Cecil Co Md

Mother's Maiden Name: ~~Don't Know~~ Sarah Bouchelle — Mother's Birthplace: Cecil Co Md.

Name of person giving information: Mrs J. W. Carter — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nervous Prostration — How long: About one Month

Immediate: Venal Debility — How long: Two Weeks

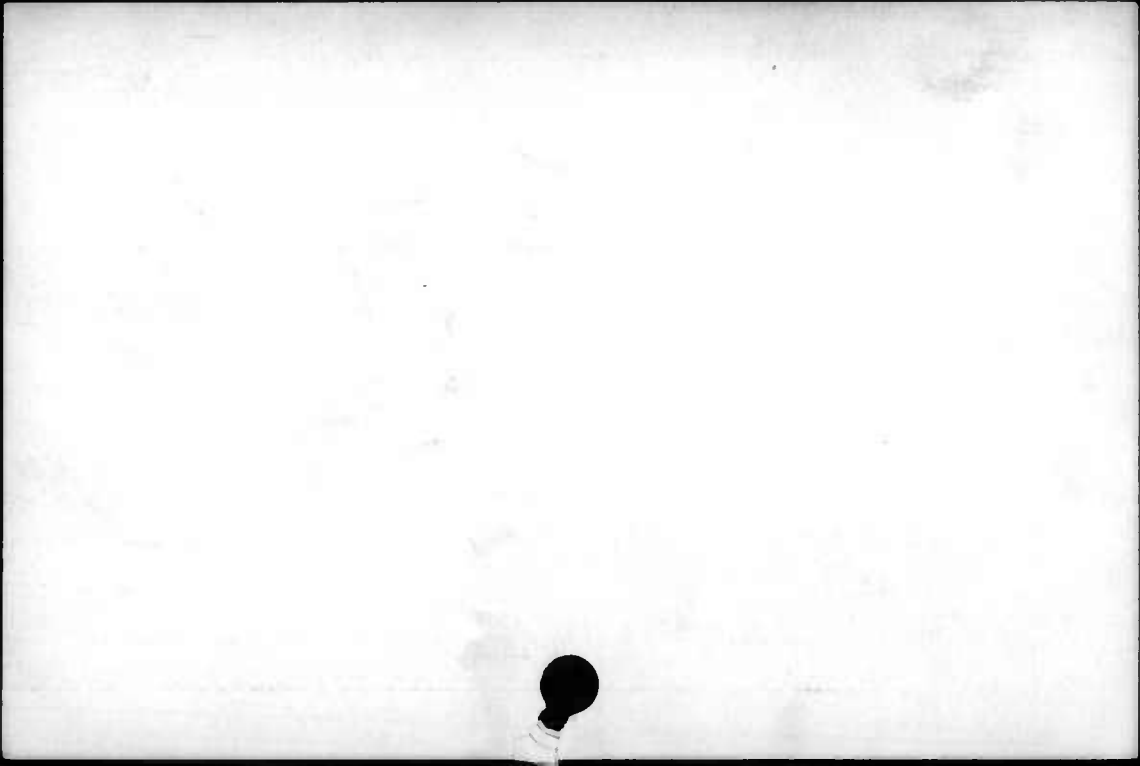
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John H. Keesey

Address: Hansville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66516



CERTIFICATE OF DEATH

MARYLAND

Name in Full: Walter Elburn

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Piny Neck — County: Kent

Date of death 1904 — Month: April — Day: 26 — Age: Years 9 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Kent Co. M.d.

Occupation: — — Where Residing if not at place of death: at home

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: James Elburn — Father's Birthplace: Kent Co M.d.

Mother's Maiden Name: Alice Brady — Mother's Birthplace: " Maryland

Name of person giving Information: Robert L. Heynson — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Concussion of Brain — How long: 30 days

Immediate: Inflamation of Brain — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: L B Willson

Address: Edesville Kent Co. M.d.

Accident ~~or Suicide~~?

LIBRARY BUREAU A88616

Name in Full: Mary B. Ford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond — County: Kent

Date of death: 1904 — Month: Apr — Day: 4 — Years: Age 8 — Months: 1 — Days: —

Sex: female — Color or Race: Black — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: — — —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Ford — Father's Birthplace: Md

Mother's Maiden Name: Julia Redding — Mother's Birthplace: Md

Name of person giving information: Thomas Redding — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis. — How long: 4 months.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm. S. Maxwell.

Address: Still Pond. Md.

Accident or Suicide?

LIBRARY BUREAU Ad3316

Mt Zion Ch

Name in Full: Earnest Gitts — Kent

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Fairlee	County:		
Date of death 1904, Month: April, Day: 27	Age — Years: 4	Months: —	Days: —
Sex: Boy	Color or Race: Black	Birth-place: Maryland	
Occupation: None	Where Residing if not at place of death: "		
Married, Single or Widowed: —	Name of Wife or Husband: —		
Father's Name: Charlie Gitts	Father's Birthplace: Don't Know		
Mother's Maiden Name: Sardie Washington	Mother's Birthplace: "		
Name of person giving Information: Sarah Jane Butler	How related to deceased: None		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Swollen Stomach	How long: 6 mnths
Immediate: Worm Fever	How long: 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: None in Attendance
[illegible]	Address: Sarah J. her X mark Butler
Accident or Suicide?	

LIBRARY BUREAU A88516

Name in Full: Miss Eliza Symes Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Gatchell — County: Kent

Date of death 1904 — Month: 4 — Day: 26 — Age: Years 17, Months 8, Days 3

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: Student — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Mr. William Jones — Father's Birthplace: Baltimore

Mother's Maiden Name: Miss Maryjane Thomas — Mother's Birthplace: Baltimore

Name of person giving information: Harry Toms Jones — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 18 days.

Immediate: Perforation of Intestines — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Seth D. Bloir

Address: Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A8861G

CERTIFICATE OF DEATH

MARYLAND

Name in Full	Emily Mason
Died at (Town)	Millington
County	Kent
Date of death	1904
Month	4
Day	16th
Age	Years 64
Months	
Days	
Sex	Female
Color or Race	Black
Birthplace	Maryland
Occupation	Nurse
Where Residing if not at place of death	
Married, ~~Single or Widowed~~	
Name ~~or Wife or~~ Husband	James Mason
Father's Name	
Father's Birthplace	
Mother's Maiden Name	
Mother's Birthplace	
Name of person giving Information	Charles Mason
How related to deceased	Grandson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary	Tuberculosis
How long	3 or 4
Immediate	
How long	years
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	Dr. W. F. Jacobs
Address	Millington Md
Address of Coroner	

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616

Name in Full Allison Mundsone

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Melitota	County: Ro			
Date of death 1904	Month: April	Day: 19	Age: Years 7	Months 6	Days
Sex: Male	Color or Race: Black	Birthplace: Ky & Co Ma			
Married, Single or Widowed: —	Occupation				
Name of Wife or Husband: —					
Father's Name: Wm Mays	Father's Birthplace: Ky Co Ma				
Mother's Maiden Name: Hannah Mundsone	Mother's Birthplace: Ky Co Ma				
Name of person giving Information: John Mundsone	How related to deceased: Step Father				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Consumption & Dropsy	How long: 3 yrs
Immediate: Exhaustion	How long: 2 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: C W Whalen M.D.
	Address: Ch Ridgeton Md
Accident or Suicide?	

LIBRARY BUREAU A88316

Name in Full: Geo Williams Nichols

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestor. County: Kent.

Date of death: Month: April Day: 1 1904

Age: Years: 32. Months: 6. Days: —

Sex: Male Color or Race: Black. Birthplace: Kent Co Md.

Occupation: — Where Residing if not at place of death: S

Married, Single or Widowed: Married Name of Wife or Husband: Mary M Nichaes

Father's Name: Jacob. Nichols Father's Birthplace: Kent Co Md

Mother's Maiden Name: Margt. Robinson Mother's Birthplace: Kent. Co Md.

Name of person giving Information: Mary M. Nichols How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia How long: 7 days.

Immediate: Congestion Brain How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C W Whaland M D

Address: Chestertown Md

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full

Certificate of Death

Annie Nickerson

Died at Town: Galena County: Kent MARYLAND

Date 1894 Month: 4 Day: 11 | Age Y. 76 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living Nine 0

~~Husband~~ Wife of Thos. Nickerson

Father's Name No one knows | Mother's Name No one knows

Cause of Death — Primary: Cancer — How long sick: 3 years

Immediate: Paralysis of Heart — Accident, Suicide, Homicide

Reported by J. W. Latimer

Address Galena Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Edward Nickerson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)			County: Kent		
Date of death 1904	Month: Apr	Day: 12th	Age: Years 3	Months 6	Days
Sex: Male		Color or Race: White		Birthplace: Kent Co	
Married, Single or Widowed: —			Occupation: —		
Name of Wife or Husband: —					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Diphtheria	How long	4 Days
Immediate	Cardiac failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C P Gowman MD
		Address	Millington, Md
Accident or Suicide?	—		

LIBRARY BUREAU A88516

Name in Full

Jeremiah Peacock

Certificate of Death

Died at Town: Galena County: Kent MARYLAND

Date 1904 Month: 4 Day: 18 | Age Y. 67 M. D. | Native of Ky | Occupation Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living none

Husband of Wife: Martha Whitaker

Father's Name: Nathan Peacock | Mother's Maiden Name: Mary C. Peacock

Cause of Death: Primary: Cerebral Hemorrhage | How long sick: 7 days

Immediate: | ~~Accident, Suicide, Homicide~~

Reported by: Edward Peacock M.D.

Address: Galena, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full: James Alfred Pearce

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Morgnec — County: Kent

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	Apr	13	Age 21	5	10

Sex: Male

Color or Race: Black

Birthplace: Morgnec

Occupation: Laborer

Where Residing if not at place of death: Morgnec

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Eugene Pearce

Father's Birthplace: Kent Co. Md

Mother's Maiden Name: Rebecca Comer

Mother's Birthplace: Kent Co. Md

Name of person giving Information: Eugene Pearce

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abscess of brain — How long: 4 months

Immediate: Anemia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. I. Barwick

Address: Kennedyville Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: George Price

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near golts — County: Kent

Date of death: 1904 — Month: April — Day: 3 — Age: Years: 87 — Months — Days

Sex: Male — Color or Race: Black — Birthplace

Occupation: Laborer — Where Residing if not at place of death: near golts

Married, Single or Widowed — Name of Wife or Husband: Arminta Price

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Arminta Price — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long: about 6 months

Immediate: Paralysis — How long: 2 days by information

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr W H Jacobs

Address: Millington Md

Rec'd & Forwarded acctg J P

Accident or Suicide? Coroner

LIBRARY BUREAU ABBOTS

Name in Full: Sarah A Reed

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fairlee — County: Kent

Date of death: Month: Apr. — Day: 27 — Year: 1904 — Age: Years: 52 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Flower mfr — Where Residing if not at place of death: Home.

Married, Single or Widowed: Married — Name of Wife or Husband: S. Amos Reed

Father's Name: Newton Youngers — Father's Birthplace: Md.

Mother's Maiden Name: Mary Massey — Mother's Birthplace: Md.

Name of person giving Information: Sudduth Reed — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 4 wks

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank W Smith

Address: Fairlee Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full — Clara Showers — Certificate of Death

Died at near Galena — County Kent — MARYLAND

Date 1904 — Month 4 — Day 17 — Age Y. 2 M. 5 D. — Native of Delaware — Occupation none

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ ~~Number of children living~~

Husband of / Wife

Father's Name — Showers — Mother's Name Mary Showers

Cause of Death — Primary: Extensive burn — How long sick: 3 days

Immediate: Uremic Toxemia, Shock — Accident, ~~Suicide, Homicide~~

Reported by F. Wm. Latimer M. D.

Address Galena, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Issued on 4/19/04

Name in Full Jacob Seul.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Golts		County Kent			
Date of death 1904	Month Apr	Day 23	Age Years 66	Months	Days 11
Sex Male		Color or Race Colored		Birthplace Maryland	
Occupation Farm laborer		Where Residing if not at place of death			
Married, ~~Single or Widowed~~		~~Name of Wife or Husband~~			
Father's Name —				Father's Birthplace —	
Mother's Maiden Name —				Mother's Birthplace —	
Name of person giving Imformation				How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Valvular disease of heart	How long 2 years
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician N M Jeter
	Address Sassafras, Md.
Accident or Suicide?	

LIBRARY BUREAU A88516

Name in Full: Francis Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Brown Town	County Kent		
Date of death 1904	Month April	Day 16	Age Years — Months — Days 21
Sex Female	Color or Race Black	Birthplace Brown Town	
Occupation —	Where Residing if not at place of death —		
Married, Single or Widowed Single	Name of Wife or Husband —		
Father's Name Ray Thomas	Father's Birthplace Md.		
Mother's Maiden Name Sarah Jones	Mother's Birthplace Erie Co., Md		
Name of person giving information Herbert Johnson	How related to deceased Gt Uncle		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Bronchitis	How long One day.
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. Hartonkelly
Yes. Dr. in attendance	Address Stue Pond, Md.
Accident or Suicide?	

LIBRARY BUREAU A88516

Name in Full	Unnamed infant	CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Chestertown		County: Kent Co		MARYLAND
Date of death 1904	Month: Ap	Day: 30	Age: Years —	Months	Days
Sex: Female	Color or Race: Colored		Birthplace: Kent Co		
Occupation: —		Where Residing if not at place of death			
Married, Single or Widowed: Single	Name of Wife or Husband: —				
Father's Name: —			Father's Birthplace: —		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information: —			How related to deceased: —		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn		How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: Emmett Rolson	
	Address: Coroner	
Accident or Suicide? No		

LIBRARY BUREAU A88515

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Still Pond — County: Kent

Date of death: Month: 4 — Day: 26 — Years: Age Still birth. — Months: 8 — Days:

Sex: Male. — Color or Race: colored. — Birthplace: Still Pond.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: James Wally. S. — Father's Birthplace: Md.

Mother's Maiden Name: Frances Chambers, — Mother's Birthplace: Md.

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Birth. — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. S. Maxwell.

Address: Still Pond. Md.

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full Ella Watson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Broad Neck	County Kent		
Date of death 1904	Month April	Day 9	Age Years 28 Months Days —
Sex Female	Color or Race Colored	Birthplace Maryland	
Occupation house wife	Where Residing if not at place of death Broad Neck		
Married, Single or Widowed Married	Name of ~~Wife~~ or Husband Jackson Watson		
Father's Name Thomas Thomas	Father's Birthplace Ma		
Mother's Maiden Name Franses Bowser	Mother's Birthplace Ma		
Name of person giving Information Oregan P. Leary	How related to deceased Acquainted		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Produced Abhortion by taking "Pepper tea"	How long between 2 or 3 weeks
Immediate Septcemia	How long About ten days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H Benge Simmons
	Address H Benge Simmons Chestertown Md,
Accident or Suicide? No	

LIBRARY BUREAU A88516

Name in Full: Rebecca White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death: 1904; Month: April; Day: 3rd

Age: Years: 1; Months: 7; Days: 18

Sex: Female

Color or Race: White

Birthplace: Chestertown Md

Occupation: Infant

Where Residing if not at place of death: Chestertown

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Thomas White

Father's Birthplace: Caroline Co Md

Mother's Maiden Name: Catharine R. Foulson

Mother's Birthplace: Queen Anne Co

Name of person giving Information: Thomas White

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis — How long: One week

Immediate: Weak Heart — How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Bruce Simpsons

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU

Name in Full: Still Born.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Coleman	County: Kent		
Date of death 1904	Month: apr	Day: 7	Age: Years — Months — Days
Sex: male	Color or Race: Black	Birthplace: Md	
Occupation: —	Where Residing if not at place of death		
Married, Single or Widowed: —	Name of Wife or Husband: —		
Father's Name: —	Father's Birthplace		
Mother's Maiden Name: Addie Wilson S.	Mother's Birthplace: Md		
Name of person giving In formation: Alexandra Wilson	How related to deceased: —		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature.	How long: 6 months.
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: Wm. S. Maxwell
	Address: Still Pond. Md.
Accident or Suicide?	

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Union Ch.